

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45210

STATE FILE NUMBER

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sulphur Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell				Length of stay in lb 13 days		d. STREET ADDRESS (If outside, give location) Reside on <input checked="" type="checkbox"/> Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Sophia ^{First} Janie ^{Middle} Wilson ^{Last}				4. DATE OF DEATH Nov. 24, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 27, 1876	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) McComb Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME J. Hays				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Peggy Dill ^{Address} Sulphur Springs, Ark	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive myocardial infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis/chronic myocarditis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n) 4201							
INTERVAL BETWEEN ONSET AND DEATH 2 4 hrs							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1953 to Nov 24, 57 and last saw her alive on Nov 24, 57 Death occurred at 3 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. D. Mountain D.O.				22b. ADDRESS Well, Mo		22c. DATE SIGNED Dec 18, 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 27, 1957		23c. NAME OF CEMETERY OR CREMATORY Butler Creek		23d. LOCATION (City, town, or county) (State) Sulphur Springs, Ark.	
24. FUNERAL DIRECTOR ADDRESS Callison McKinney, Gravette, Ark				25. DATE RECD. BY LOCAL REG. 12-19-57		26. REGISTRAR'S SIGNATURE Mildred Moberly	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. *Newton*

District File Number *1257-296*

Date Filed *DEC 20 1957*

FEB 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.